

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

28389

## 1. PLACE OF DEATH

County ..... Registration District No. 701  
Township ..... Primary Registration District No. 1000  
City St. Louis (No. 5430 Flower ave. St. Ward)

File No. ....  
Registered No. 7575

2. FULL NAME John F. Ostermaier

(a) Residence, No. .... St. 7 Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Lizzie Ostermaier  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
53 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brown Shoe Co.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Lizzie Ostermaier  
(ADDRESS) 5430 Flower ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peters Cem DATE Sep 4 1933

19. UNDERTAKER Wm. Schumacher  
(ADDRESS) 4334 National Bridge

20. FILED SEP -1 1933 J. F. Bredek  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1933

22. I HEREBY CERTIFY, That I attended deceased from MAR 1 - 1933 to AUG 31 1933  
I last saw him alive on Aug 31 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar  
Pneumonia (Left)  
108  
Date of onset Aug 25 1933

Other contributory causes of importance:

Name of operation ..... Date of ..... 8

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank J. Weller, M. D.(Address) 4614 W. Florissant

Miss  
4119 W Fall